PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 6 9 75 3 35 7												Ä
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
π	TAL CLAIMS				-		Г	RATE	FEE.	1	RATE	FEE
FC	R		NUMBER FILED		NUMBER EXTRA		В	BASIC FEE 355.00		OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			17 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			나 minus 3 =				-	X40=	 	1	X80=	-
MULTIPLE DEPENDENT CLAIM PRESENT							 			ОЯ		80.4
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+135a		OR	+270=	
								TOTAL		OR	TOTAL	79 0 ⋅1 0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 1	Minus	5	Q_	•		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	• 4	Minus	***	4	7		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	
	215C	5	•				AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
(^ '	(Column 1)		(Colum		(Column 3)						
TENDINENT B		REMAINING AFTER. AMENDMENT		HIGH NUMI PREVIO PAID I	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
HOL	jonen	•	Minus ·	-0	<u>V </u>	a		K\$ 9=		OR	X\$18=	
¥	Independent	• 4	Minus	***	<u>4 </u>			X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	135=		OR	+270=	
Old -								JATOTAL ST. FEE		OR	YOYAL ADOIT, FEE	
11/5/05 (Column 1) (Column 2) (Column 3)												
AMENDMENT G		CLAIMS REMAINING AFTER, AMENDMENT		HIGHI NUME PREVIO PAID I	BER HUSLY	PRESENT EXTRA	ſ	WE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
200	Total	• /4	Minus	-01	$\hat{\mathcal{C}}$	•	5	(\$ 9=		OR	X\$18=	
	Independent	.3	Minus	••• //	-	<u>-</u>		(40=		OR	X80=	
	If the entry in column 1 is less than the entry in column 2, write "V" in column 3.							135= YOTAL		OR	+270=	
. •• ("If the "lighest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ""If the "lighest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL NDOIT, FEE	
	The "Highest Nurs	ber Proviously Pa	id For' (Total o	r Independa	eri) is the	highest numbe	r found	in the app	ropriate box	in cot	umn 1.	

Application or Docket Number